HEALTH CARE PROVIDER INFORMATION

519-258-2146 | wechu.org







1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

SCHOOL BASED VACCINE REPORTING FORM

For more information on this form contact: 519-258-2146 Ext. 1121 or vaccine@wechu.org Submit this completed form and required attachments to: Fax: (519) 977-1711 or vaccine@wechu.org

| Date: | | | |
|------------------------|------|--------|-------------|
| Health Care Provider: | | | |
| Contact Name: | | | |
| Phone #: | | Fax #: | |
| | | | |
| PATIENT INFORMATION | | | |
| Name: Date of Birth: | | | |
| | | | |
| Vaccine Administered | Date | Lot # | Expiry Date |
| ☐ Nimenrix or Menactra | | | |
| ☐ Hepatitis B | | | |
| ☐ Gardasil-9 | | | |